

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10/671591</u>	FILING DATE			
							APPLICANT(S)				
							CLAIMS				
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	1		1				51				
2		1		1			52				
3		2		2			53				
4		2		2			54				
5		2		2			55				
6		⑦		1			56				
7				1			57				
8				1			58				
9				1			59				
10				1			60				
11				1			61				
12				1			62				
13				1			63				
14				1			64				
15				1			65				
16				1			66				
17				1			67				
18				1			68				
19				1			69				
20				1			70				
21				1			71				
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41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1		1				TOTAL IND.				
TOTAL DEP.	8		21				TOTAL DEP.				
TOTAL CLAIMS	9		22				TOTAL CLAIMS				